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FUNCTIONAL SPECIFICATION INTERFACES				
Section I: Justification				
Area (SAP System components):	FI Cash		Date:	04/25/2006
Requested by:	Teresa Hane		Tel no:	
Title:	Cash by Fund Balance Reporting			
Short description:	This functionality is required to provide non-live agencies with the information currently received from STARS.			
Program type:	☒ Batch interfaces ☐ Online interfaces			
Priority:	☒ High/mandatory ☐ Medium/recommended ☐ Low/optional			
Interface specification: Type of interface: Created with: Interface direction: Frequency:	☐ BAPI ☐ IDOC ☐ ALE ☐ Others ☐ SAP Standard interface ☒ Add-on interface ☐ Inbound ☒ Outbound ☐ Both ☒ Daily ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Others:			
General information: Results if no interface is are created:	☐ Legal requirements not fulfilled ☒ Lack of essential business information ☒ Lack of functions compared to legacy system ☐ Others: Increased manual entry			
Approx. duration of development work:	5 Days			
Is there an alternative in the standard system?	☐ Yes ☒ No			
Description of alternative:				
Reasons why alternative is not acceptable:	☐ Performance problems ☐ Complexity ☐ Others:			
Project cost:		Charge cost to:		
Cost approved by:				
Date of project management approval:		Date of steering committee approval:		

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Section II: Detailed Functional Description

Background:

The State of South Carolina expectations for the non-live agency process:

- Minimize impact to non-live SAP agencies
    - Allows non-live agencies to continue to access STARS inquiry systems, functionality and reports
    - Allows non-live agencies to continue to provide files in current format and data to STARS
- Minimize impact on SCEIS resources needed to support non-live agencies
- Minimize development cost of maintaining legacy STARS systems
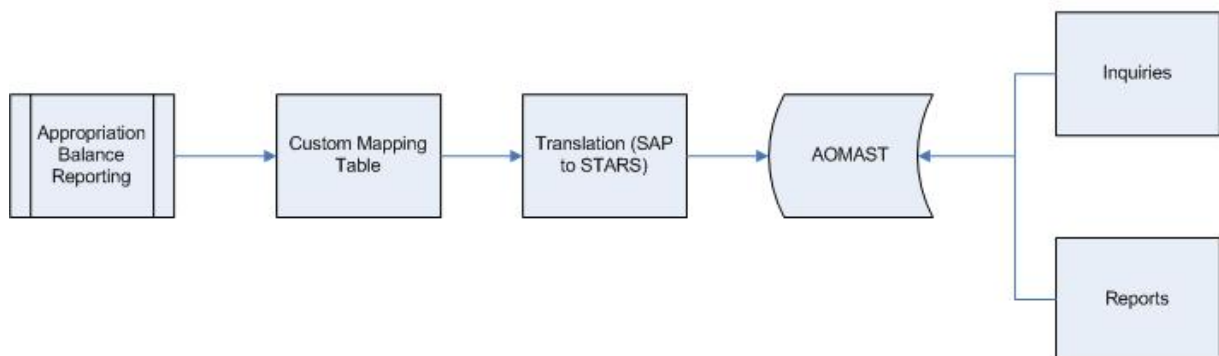
Requirement:

- Cash by Fund reporting to STARS for non-live agencies.
    - Current Month
    - Prior Month
- Report to be provided after processing STARS inbound file.

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Not Applicable

A) Inbound Interfaces (Non-SAP System → SAP System)					
Relevant tables:					
Description of inbound interface:					
Input file 01:					
File name.	(path)				
Layout					
Position	*Field name*	*Type*	*Length*	*Decimals*	*Description*
1.	Field 1	C	10	02	
2.	Field 2	N	8		
3.	Field 3	X	15	03	
4.	Field 4	X	99		
5.	Field 5	X	99		
6.	Field 6	X	99		

STARS/SAP Non-Live Agencies
Appropriations Balance Reporting

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<table>
<tr><td colspan="6">B) Outbound interfaces (SAP System → Non-SAP System)</td></tr>
<tr><td>Relevant tables:</td><td colspan="5">Custom Table (layout will be included in the design of the 1.4 Cash by Fund Report solution) and Custom Data Mapping Table</td></tr>
<tr><td>Description of outbound interfaces:</td><td colspan="5">Transaction TBD Program TBD (reference 1.4 Cash by Fund Functional and Technical Specifications)

After executing the program, the information will be mapped to STARS master data and provided to STARS.</td></tr>
<tr><td>Output file 01:</td><td colspan="5"></td></tr>
<tr><td>File name:</td><td colspan="5">(path)</td></tr>
<tr><td>Layout</td><td colspan="5"></td></tr>
<tr><td>Position</td><td>Fieldname</td><td>Type</td><td>Length</td><td>Decimals</td><td>Description</td></tr>
<tr><td>1.</td><td>Field 1</td><td>C</td><td>10</td><td>02</td><td></td></tr>
<tr><td>2.</td><td>Field 2</td><td>N</td><td>8</td><td></td><td></td></tr>
<tr><td>3.</td><td>Field 3</td><td>X</td><td>15</td><td>03</td><td></td></tr>
<tr><td>4.</td><td>Field 4</td><td>X</td><td>99</td><td></td><td></td></tr>
<tr><td>5.</td><td>Field 5</td><td>X</td><td>99</td><td></td><td></td></tr>
<tr><td>6.</td><td>Field 6</td><td>X</td><td>99</td><td></td><td></td></tr>
</table>

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Section III: Functional test				
Program:	ZFO0001		Test date:	
Developer:			Tel no:	

Team member responsible for testing:
1.   Test file(s):   (optional)

2.   Is the program in line with the functional specification?
  ☐ Yes ☐ No
  If "Yes", sign the form in the appropriate section below. If necessary, add some comments in the
  'General comments' section.
  If "No", describe the errors in the program here.

Developer responsible:
3.   Describe the solution(s) :

4.   New completion date:

Comments after second test (if the program contained errors after first test):
Date: /   /

General comments:

Names and signatures:

_____
Application consultant

_____
Developer

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